

Request for Tender

**Eastern Melbourne Healthcare Network Ltd trading as
Eastern Melbourne PHN**

Sector Briefing Q and A Transcript 6 February 2020

**E053 – Provision of Preventative Health Initiatives for
Mental Health Consumers**



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A sector briefing for EMPHN RFT E053 – for the provision of Preventative Health Initiatives for Mental Health Consumers was held on Thursday 6 February 2020 at the Manningham Function Centre, Doncaster.

The briefing agenda covered:

- Components of the Preventative Health Service Response
- RFT timelines and submission process
- Evaluation criteria and pricing schedule
- Questions and answers

A transcript of the questions and answers follows. A copy of the presentation slide deck is also available on EMPHN’s website.

Questions	Answers
Given the number of consumers with moderate to severe mental illness within the EMPHN catchment at any given time (over 100,000), what is the envisioned number of consumers to be addressed through this service response?	<p>EMPHN is looking for demonstrated value for money and reach of the target cohort across the catchment. Recognising that the catchment is large, Tenderers must consider how appropriate consumers will be identified and engaged that will represent value for money as part of the proposed service response.</p> <p>As such, no specific KPIs regarding the number of consumers to receive services have been stipulated.</p> <p>Indicative KPIs have been listed in Part B – Service Requirements. However, the target number of consumers for the service response have not been predetermined and will be negotiated with the successful tenderer.</p>
Is there a role for the service provider to deliver additional services particularly in relation to bowel cancer screening and breast cancer screening, or is the focus on assisting consumers to access existing services?	<p>There are three defined service types, one of which is the direct delivery of the five preventative health initiatives. This service type may include the delivery of additional services above and beyond what is already being provided or can be leveraged upon in the current service system. To ensure that the five preventative health service elements are tailored to the target cohort (without duplicating existing service options), there is scope for additional provision of services based on demonstrated gaps or needs that have not been met for the target cohort (e.g. despite the availability of free home kits for bowel cancer screening). This may include, for example, an alteration to the mode of delivery of the service in order to address a key barrier/gap and engages the target cohort.</p> <p>When considering increasing or changing the mode of service delivery, it is important that the sustainability of this mode of service delivery can be demonstrated over time (within your existing funding system envelope).</p>
Three separate regions within the catchment have been indicated. If the	One tender per organisation can be submitted.

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<p>tenderer is looking to apply for each of the regions, does this mean that three separate tender submissions for each region is required?</p>	<p>Tenderers can apply to provide the service response for the whole of EMPHN’s catchment (i.e. as one tender submission), or opt to service one or more regions (i.e. North East, Inner East or Outer East).</p> <p>EMPHN will assess tender responses independently for each region, as required. All proposals will need to demonstrate value for money without compromising the quality of care and service outcome for the target cohort.</p>
<p>For the tender application, is there any flexibility with the word count, particularly if the tenderer is applying for more than one region?</p>	<p>No, the word count is set. EMPHN is looking for the most integrated and consolidated service response for the proposed region/s.</p>
<p>Would you consider a phased rollout i.e. starting in one region (e.g. where there is established partnerships) and then extending the service response across the whole catchment over the two year funding period?</p>	<p>Yes, the proposed phased rollout approach and how this will demonstrate the best outcome must be clearly articulated in the implementation plan and outlined in the tender application.</p> <p>It is important to note that some level of service delivery will need to be operationalised by 1 August 2020. If the proposal includes a staged process (i.e. phased rollout), the tenderer is required to clearly outline how the other stages of the service response will be implemented along with a timeframe.</p>
<p>Considering that best practice is not always being delivered (e.g. evidence-based practice is not part of routine care for smoking cessation programs), can the tenderer work with partners to ensure that best practice and evidence-based care is incorporated into routine practice rather than proposing to deliver different or innovative services?</p>	<p>All aspects of the service response need to be supported by an empirical evidence-base.</p> <p>Given that traditional service models may not be as engaging as they could be for the target cohort, a core component of the service response is therefore to improve consumer engagement (in preventative health services).</p> <p>As such, innovative solution/s for the service response can encompass different modes and styles of care, utilising an empirical evidence-base. This may include innovative ways of enhancing the consumer journey through care services.</p>